

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/015564
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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47		I				
48	I					
49		I				
50		I				
TOTAL IND.	6					
TOTAL DEP.	29					
TOTAL CLAIMS	35					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
51			I									
52			I									
53			I									
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TOTAL DEP.												
TOTAL CLAIMS												